THOMAS M. MENINO
MAYOR

BOSTON INSPECTIONAL SERVICES DEPARTMENT

CITY OF BOSTON ORDINANCES
CHAPTER 16-26.4
REGULATIONS OF CONSTRUCTION HOURS

WARD:_____ADDRESS:_____

PERMIT #_____DATE (S) _____TO:_____

REASON: _____
_____
_____
_____

TIME: _____

REQUEST APPROVED: YES _____ NO _____

Print Name: _____Contractor's Name/Company
Signature: _____ _____

Telephone # (Days) _____ (Nights) _____

PERMISSION MUST BE GRANTED EACH WEEK. FEE $100.00

DATE: _____

APPROVED: _____

Ah1017 **EFFECTIVE 10/31/05 ALL APPLICATIONS MUST BE SUBMITTED BY FRIDAY 11AM FOR THE CURRENT WEEK.**

1010 MASSACHUSETTS AVENUE, BOSTON, MA 02118 (617) 635-5300